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CONFIRMATION NO. 8029

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|--|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/702,087   | <b>FILING OR 371(c) DATE</b><br>11/05/2003<br><b>RULE</b>   | <b>CLASS</b><br>174                | <b>GROUP ART UNIT</b><br>2831   | <b>ATTORNEY DOCKET NO.</b><br>GMC 0045<br>PA/40320.50       |
| <b>APPLICANTS</b><br>Ralph Hobbmeyer, Mainz-Kastel, GERMANY;<br>Jeff Shull, Arvada, CO;<br>Titus Herschberger, Littleton, CO;<br>Hartmut Hinz, Kronberg, GERMANY;<br>Steve Rysdam, Fort Lupton, CO;  |   |                                    |   |   |
| <b>** CONTINUING DATA *****</b><br>None / HVN  |   |                                    |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>None / HVN   |   |                                    |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 02/23/2004  |   |                                    |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>HVN</u><br>Acknowledged <u>NA</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>41<br><b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>DINSMORE & SHOHL LLP<br>Suite 500<br>One Dayton Centre<br>Dayton, OH45402-2023   |   |                                    |   |   |
| <b>TITLE</b><br>EMI protection and fuel cell systems employing the same  |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>1278   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |